Jay County Hospital
JAY COUNTY BEHAVIORAL HEALTH OUTPATIENT SERVICES
Social History Questionnaire

Presenting Problem

Name: DOB:
Living Arrangements: ( ) Self ( ) Spouse/ Partner ( ) Parents ( ) Other:
Reason for seeking help:
What helps with this problem:
What has made this problem worse:
Do you have any current suicidal thoughts or plans? ( ) Yes or ( ) No If yes, please explain:

Stressors

Do you have any current financial issues? ( ) Yes or ( ) No If yes, please explain:
Have you had any recent loss? ( ) Yes or ( ) No If yes, please explain:
Have you recently moved or relocated? ( ) Yes or ( ) No If yes, please explain:
Do you have any current relationship problem? ( ) Yes or ( ) No If yes, please explain:
Other, please explain:

Family History

Who raised you/is raising you:
Did your parents ever? ( ) Divorce ( ) Separate
Is your mother still living? ( ) Yes ( ) No Cause if deceased:
How do/did you get along with your mother?
Did your mother have any problems while pregnant with you? ( )Yes ( )No If yes, please explain:
Is your father still living? ( ) Yes ( ) No Cause if deceased:
How do/did you get along with your father?
Who in your family do/did you feel closest too?
Do you have a family history of mental health problems? ( )Yes ( )No If yes, please explain:
Do you have a family history of substance abuse? ( )Yes ( )No If yes, please explain:

Family History

How many siblings do you have? Brothers ( ) Sisters ( )
Did/Does your family seem normal? ( )Yes ( )No If no, please explain:
Are/were your material needs met at home? ( )Yes ( )No If no, please explain:
Do you/ did you feel accepted growing up? ( )Yes ( )No If no, please explain:
Please describe any bad situations or trauma growing up or as an adult:

Religion

What is/was your religious upbringing?
What are your religious beliefs now?
What is your level of participation?
Are there any important cultural or ethnic issues that are important to you? ( )Yes ( )No If yes, please explain:

Relationships

How many times have you been married or in a significant relationship?
Do you have any children?
Do you have any relationship problems with your children? ( )Yes ( )No If yes, please explain:

Education

Highest level of education: ( ) Junior High ( ) High School ( ) GED ( ) Still in School ( ) College Degree: If you did not complete your education, why?
Where you in any special education? ( )Yes ( )No If yes, please explain:
Any problems in school? ( )Yes ( )No If yes, please explain:
Do you have any education goals? ( )Yes ( )No If yes, please explain:

Military

Have you ever served in the military? ( ) Yes ( ) No Were you in active duty? ( ) Yes ( ) No
What is your type of discharge?

Work History

Are you currently employed? ( )Yes ( )No If yes, where:
Do you or have you had any problems with past employers or employment? ( )Yes ( )No If yes, please explain:

Drug/Alcohol Use

Alcohol: Presently: Type:_____Frequency:_____ Amount:_____ Alcohol: Past: Type:_____Frequency:_____ Amount:_____ Drugs: Presently: Type:_____Frequency:_____ Amount:_____ Drugs: Past: Type:_____Frequency:_____ Amount:_____
Have you ever felt that you need to cut down on your drinking or drug use? ( )Yes ( )No
Have you ever felt guilty about your drinking or drug use? ( )Yes ( )No
Have you ever had a drink or drugs to help you get along in the morning? ( )Yes ( )No
Have you ever been annoyed at other people's concern about your drinking or drug use? ( )Yes ( )No

Medical History

Current medications:
Current medical issues:
Past medical issues:
Family history of medical issues:
Known allergies:

Reviewed by:_____